

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016290

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2489

FILED MAY 13 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

3 WEEKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

BAPTIST MEMORIAL HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

PLATTE

c. CITY OR TOWN

PARKVILLE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6206 BELL ROAD

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

ELLA THOMPSON STEINACKER

4. DATE OF DEATH

April 27 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/6/1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY

TARKIO FEED COMPANY

11. BIRTHPLACE (City and state or country)

KANSAS CITY MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHARLES F. CARNIE

13b. MOTHER'S MAIDEN NAME

MABEL CUTHBERT

14. NAME OF HUSBAND OR WIFE

RUDOLPH STEINACKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

RUDOLPH STEINACKER

Address

6206 BELL ROAD PARKVILLE MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Breast - Proliferative

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause - last.

DUE TO (b)

Central Metastatic Carcinoma

DUE TO (c)

Carcinoma of Mammary Gland

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

Diabetes - Insulin

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-8-62 to 4-27-63 and last saw her alive on 4-27-63. Death occurred at 7:18 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James P. Miller M.D.

(Degree or title)

22b. ADDRESS

4706 Parkway, K.C. Mo.

22c. DATE SIGNED

4/27/63

23a. BURIAL CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

APRIL 30, 1963

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR

D.W. NEW COMER'S SONS, KANSAS CITY, MO.

ADDRESS

1231 BRUSH CREEK

25. DATE RECD. BY LOCAL REG.

4-29-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Gerard L. Miller MEDICAL CERTIFICATION

Dr. Harold L. Miller
4706 Broadway Room 7105

46870

1-0-

0-02

Em 3-2862

So 1-9496

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

- Signature of Student Embalmer

Signed Robert M. Boyer

Licensed Embalmer No. 4892

P. O. Address Overland Park, KS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.